

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)	SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">09/890619</div>	FILING DATE 
APPLICANT(S)		

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
8		1				
9		1				
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13		5				
14	1					
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19		1				
20		1				
21		7				
22	1					
23		1				
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25		1				
26		1				
27		5				
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46			1			
47				1		
48				1		
49				1		
50				1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

  

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53				1		
54				1		
55				1		
56				1		
57			1			
58				1		
59				1		
60				1		
61				1		
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			7			
TOTAL DEP.						
TOTAL CLAIMS			29			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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